

**RULES  
OF  
TENNESSEE DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION**

**CHAPTER 0940-5-30  
MINIMUM PROGRAM REQUIREMENTS FOR MENTAL HEALTH INTENSIVE DAY TREATMENT  
PROGRAM FOR CHILDREN AND ADOLESCENTS FACILITIES**

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**0940-5-30-.01 POLICIES AND PROCEDURES FOR INTENSIVE DAY TREATMENT PROGRAM FACILITIES.** The facility must maintain a written policy and procedures manual which includes the following elements:

- (1) A quality assurance procedure which assess the quality of care at the facility. This procedure must ensure appropriate treatment has been delivered according to acceptable clinical practice.
- (2) A written program description which must be available to staff, clients, and members of the public. The description must include but need not be limited to the following:
  - (a) A comprehensive statement of the philosophy that guides the program services, structure, and practices,
  - (b) Services offered by the facility, availability of staff (including medical) to provide services, and hours of operation,
  - (c) Characteristics of the person(s) to be served,
  - (d) Process of referral into the program,
  - (e) Admission criteria,
  - (f) Re-admission exclusion criteria,
  - (g) Facility rules for clients
  - (h) Referral mechanisms for services outside the facility (both medical and non-medical)
  - (i) Emergency and non-emergency transportation of clients, and
  - (j) Discharge criteria.
- (3) Policies and procedures which address the methods for managing disruptive behavior
- (4) If restrictive procedures are used to manage disruptive behaviors, written policies and procedures must govern their use and must minimally ensure all of the following:

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(Rule 0940-5-30-.01, continued)

- (a) Restrictive procedures must be used by the facility only after all less-restrictive alternatives for dealing with the problem behavior have been systematically tried or considered and have been determined to be inappropriate or ineffective.
  - (b) The parents or guardian must have given written consent to any restrictive measures taken by the treatment staff, unless the child is over 16 years of age and has signed him/herself into the program. In this case, the child may give such written consent.
  - (c) The restrictive procedure(s) must be documented in the Individual Program Plan, be justifiable as part of the plan, and meet all requirements that govern the development and review of the plan.
  - (d) Only mental health professionals or mental health personnel may use restrictive procedures and must be adequately trained in their use.
  - (e) The adaptive or desirable behavior should be taught to the client in conjunction with the implementation of the restrictive procedures.
- (5) A policy which states physical holding must be implemented in such a way as to minimize any physical harm to the client and may only be used when the client poses an immediate threat under the following conditions:
- (a) The client poses an immediate danger to self or others, and/or
  - (b) To prevent the client from causing substantial property damage.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205 (b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.02 PERSONAL REQUIREMENTS FOR INTENSIVE DAY TREATMENT PROGRAM  
FACILITIES.**

- (1) Treatment and/or rehabilitation services must be provided by properly licensed or certified mental health professionals or by mental health personnel who are under the direct supervision of a properly licensed or certified mental health professional. Qualifications of individuals who will provide educational programs shall meet the employment standards outlined in the State Board of Education Rules, Regulations, and Minimum Standards.
- (2) The facility must maintain a written agreement with or employ a licensed physician to serve as medical consultant.
- (3) If the consulting physician is not a psychiatrist, the facility must arrange for the regular, consultative, and emergency services of a licensed psychiatrist.
- (4) The facility must provide at least one (1) staff person on-duty/on-site for each six (6) clients present. Staff persons counted in the staff-to-client ratio may only be persons who are assigned to provide direct day program services as described by written job description. Support staff, such as clerical, housekeeping, van and bus driver staff, and students involved in an on-site practice for academic credit may not be counted in the staff-to-client ratio.
- (4) The facility must provide at least one (1) on-duty staff member trained in First Aid, CPR, and the Heimlich maneuver.

- (5) A training plan for each non—doctoral level staff person must be documented.
- (6) The operator must perform background checks on all employees and volunteers. A person, whether an employee or a volunteer, who is named as a suspect in an “indicated” report of child sexual abuse, or who is currently charged with committing a crime against a child must not work as a caregiver or have any contact with the children.
- (7) Children must not be in the care of or have any direct contact while in the care of the facility with a person who has been convicted of a crime involving children or of violating a law enacted to protect children.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205 (b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.03 CLIENT ASSESSMENT REQUIREMENTS FOR INTENSIVE DAY TREATMENT PROGRAM FACILITIES.** The facility must ensure that the following assessments are completed prior to the development of the Individual Program Plan:

- (1) Assessment current functioning according to presenting problem including a history of the presenting problem in the following areas:
  - (a) Community living skills;
  - (b) Living skills appropriate to age;
  - (c) Emotional, psychological health; and
  - (d) Educational level (including educational history).
- (2) Basic medical history and information.
- (3) A six (6) month history of prescribed medications, frequently used over-the-counter medications, and alcohol or other drugs.
- (4) History of prior mental health and alcohol and drug treatment episodes.
- (5) Assessment of whether client meets eligibility requirements for special education services in accordance with the State Board of Education Rules, Regulations, and Minimum Standards.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205 (b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.04 INDIVIDUAL PROGRAM PLAN REQUIREMENTS FOR INTENSIVE DAY TREATMENT PROGRAM FACILITIES.**

- (1) An Individual Program Plan must be developed and implemented for each client. The Individual Program Plan (IPP) must be based on initial history and on-ongoing assessment of the client’s needs and must be completed within thirty (30) days of admission.
- (2) Documentation of the IPP and of its implementation must be made in the individual client record and must include the following:

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- (a) The client's name in the IPP;
  - (b) The date of development of the IPP;
  - (c) Client Problems specified in the IPP which are to be addressed within the particular service/program component, including treatment and educational components;
  - (d) Client objectives which are related to specified problems identified in the IPP and which are to be addressed by the particular service/program component;
  - (e) Interventions addressing goals in the IPP;
  - (f) Signatures of the staff providing the services;
  - (g) Participation of client, or parent/guardian where appropriate, in the treatment planning process;
  - (h) Standardized diagnostic formulation(s), [including, but not limited to, the current Diagnostic and Statistical Manual (DSM) Axes I-V and/or ICD-9] where appropriate; and assessment documentation on file which is updated as recommended by IPP team;
  - (i) Planned frequency of treatment contacts;
  - (j) A plan for family involvement in the child's treatment.
- (3) An education plan must be developed for each client that conforms to the Rules, Regulations and Minimum Standards of the State Board of Education with an Individualized Education Program (IEP) being developed by an appropriately constituted M-Team for all "qualified students with disabilities";
  - (4) Documentation of the education plan must be contained in the individual client record;
  - (5) The education plan may include education services provided either by the facility or by the local education agency;
  - (6) Education and treatment components must be integrated.

**Authority:** §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.05 INDIVIDUAL PROGRAM PLAN REVIEW IN INTENSIVE DAY TREATMENT PROGRAM FACILITIES.** The facility must review and, if indicated, revise the IPP every six (6) months.

**0940-5-30-.06 CLIENT RECORD REQUIREMENTS FOR INTENSIVE DAY TREATMENT PROGRAM FACILITIES.** The individual record for each client must contain the following information:

- (1) Documentation of the IPP and the IEP (if required) and of their implementation;
- (2) Progress notes which must be developed after each service contact, and which must include written documentation of client progress or changes which have occurred within the IPP;
- (3) Documentation of all drugs prescribed or administered by the facility which indicates date prescribed, type, dosage, frequency, amount, and reason;

- (4) Narrative summary review of all medications prescribed at least every six (6) months which includes specific reasons for continuation of each medication;
- (5) Results of assessments required by Rule 0940-5-30-.03; and
- (6) Discharge summary which states, if appropriate, client condition at the time of discharge and signature of person preparing the summary.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.07 CLIENT RIGHTS IN INTENSIVE DAY TREATMENT PROGRAM FACILITIES.** Upon admission to the facility, each client, and/or their parent or guardian where appropriate, must be provided an orientation which minimally includes all of the following:

- (1) Explanation of the facility's services, activities, performance expectations, rules and regulations, and program descriptions.
- (2) Familiarization of the client, or his/her parent, custodian or guardian where appropriate, with the facility's premises and the neighborhood. Orientation to the public transportation system will be determined by the child's individual needs.
- (3) Explanation of client rights, including policies regarding restrictions on these rights, and grievance procedures.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.08 ENVIRONMENTAL REQUIREMENTS FOR INTENSIVE DAY TREATMENT PROGRAM FACILITIES.**

- (1) Each skills-training area must contain and have readily available equipment and supplies which are appropriate and necessary to conducting skills-training activities.
- (2) All potentially dangerous items (e.g. knives, scissors, paint, glue) should be properly inventoried and stored for maximum safety precautions

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.09 MEDICATION ADMINISTRATION IN INTENSIVE DAY TREATMENT PROGRAM FACILITIES.**

- (1) The client's ability and training must be taken into consideration when supervising the administration of medication.
- (2) Prescription medications are to be taken only by clients for whom they are prescribed, and in accordance with the directions of a physician.
- (3) Drugs must be stored in a locked container which ensures proper conditions of security and sanitation and prevents accessibility to any unauthorized person.
- (4) Discontinued and outdated drugs and containers with worn, illegible, or missing labels must be discarded.

- (5) All medication errors, drug reactions, or suspected overmedication must be reported to the practitioner who prescribed the drug.
- (6) Documentation or other tangible evidence of the current prescription of each medication taken by a client must be maintained by the facility.
- (7) When psychotropic or other regularly taken medications are prescribed by a physician, these medications should be reviewed by the physician at least on a quarterly basis, and more often if medically indicated.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.

**0940-5-30-.10 HEALTH, HYGIENE, AND GROOMING IN INTENSIVE DAY TREATMENT PROGRAM FACILITIES.**

- (1) Facility staff must be given immediate access to relevant information in the client records in the event of medical or other type of emergency.
- (2) The facility must assist clients in the independent exercise of health, hygiene, and grooming practices.
- (3) The facility must encourage the use of dental appliances, eyeglasses, and hearing aids if used by clients.
- (4) The facility must encourage each client to maintain a well-groomed and clean appearance that is age and activity appropriate and within reason of current acceptable styles of grooming, dressing and appearance for individuals of like age.

**Authority:** T.C.A. §§ 4-4-103, 33-2-504 and 33-1-205(b)(5). **Administrative History:** Original rule filed January 11, 1996; effective March 26, 1996.